U.S. Department of Labor Employment Standards Administration Office of Labor-Management Standards Standards Washington, DC 20210 FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN

TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP

Form Approved Office of Management and Budget No. 1215-0188 Expires: 11-30-2002

This report is mandatory under P.1. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29.11.S.C. 439 or 440.

,	READ THE IN							EPORT.	
For Official Use Only	1. FILE NUMBER	2. PERIOD	COVERE	D DAY	YEAF			ED — If this is an amended report correcting a previously port, check here:	
Control of the second of the s	0 4 3 - 5 9 8	From	0 4	0 1	2 0 0		,	IAL — If your organization ceased to exist and this is its I report, see Section XII of the instructions and check here:	
E OLME		Through	0 3	3 1	2 0 0	2	1	DIARY — If this is a report for a subsidiary organization of ion as defined in Section X of the instructions, check here:	
			8. MAILI	NG ADI	PRESS		L		
			First Na					-	
			T H	<u> </u>	A S				
			Last Na	me					
			DA	Υ					
			P.O. Bo	x · Build	ing and Ro	om Nu	mber <i>(if any)</i>		
4. AFFILIATION OR ORGANIZATION ENGINEERS, PROF & T			Number	and Str	eet				
5. DESIGNATION (Local, Lodge, etc.)		N NUMBER	1 5	2 0	5 5	2 1	ND A	AVE S	
LU	2001		City						
7. UNIT NAME (if any)	<u></u>		SE	ΑТ	TLE				ŀ
SPEEA			State	ZIP	Code + 4				
Are your organization's records kept (If "No," provide address in Item 75.)	t at its mailing address? Yes	No 🗌	W A	9	8 1 8	8	- 2 3 3	3 6	
75. ADDITIONAL INFORMATION		· · · · · · · · · · · · · · · · · · ·				•			
Item Number		· · · · · · · · · · · · · · · · · ·							
Each of the undersioned, duly authorized off	icers of the above labor organization.	declares und	er the applic	cable per	alties of law	that all	of the information	on submitted in this report (including the information contained in	anv
accompanying documents) has been examin	ned by the signatory and is, to the bes	t of the under	signed's kno	owledge a	and belief, tru	ie, correc	ct, and complet	e. (See Section VI on penalties in the instructions.)	,
76. SIGNED:	t Very	PRESIDE — (If other		77.	SIGNED:	4	uchail	TREASURER (If other title,	
6/28/2002	253-931-2572	•	tructions.)		28 Ju	1 ue 1	2002	(253) 773 - 2243 see instruction	ns.)
Date	Telephone Number					Date		Telephone Number	

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During the Reporting Period Did Your Organization:			18. How many members did your organization have at the end of the 1 9 4 5 2
Have a "subsidiary organization" as defined in Section X of the instructions?	Yes X	No	reporting period?
			19. What is the date of your organization's next regular election of officers? MO YEAR 0 3 2 0 0 3
11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries?		X	20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization?
12. Have a political action committee (PAC) fund?		X	21. What are your organization's rates of dues and fees? (Enter a minimum and maximum if more than one rate applies for any line.)
13. Acquire or dispose of any goods or property in		X	Rates of Dues and Fees
any manner other than by purchase or sale?			(a) Regular Dues/Fees \$ 25.11 per MONTH
14. Have an audit or review of its books and records			(b) Initiation Fees (Month, Year, etc.)
by an outside accountant or by a parent body auditor/representative?	X		(c) Transfer Fees \$0
15. Discover any loss or shortage of funds or other property?		X	(d) Work Permits 0 per NA (Month, Year, etc.)
(Answer "Yes" even if there has been repayment or recovery.)			22. During the reporting period, did your organization have any changes in its constitution and bylaws
16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan?		X	(other than rates of dues and fees) or in practices/ procedures listed in the instructions? (If the constitution and bylaws or practices/ procedures have changed, see the instructions.)
Liquidate or reduce any liabilities without disbursement of cash?		X	23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period?
			24. Did your organization have any contingent liabilities at the end of the reporting period?
(If the answer to any of the above questions is "Yes," pro in Item 75 as explained in the instructions for each item.)		tails	(If the answer to Item 23 or 24 is "Yes," provide details in Item 75.)

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Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only - Do Not Enter Cents

	ASSETS Item	From SCH #	Start of Reporting Period (A)	End of Reporting Period (B)
	25. Cash		5 0 8 9 1 2	1 0 9 0 1 2 7
	26. Accounts Receivable		0	3 0 4 0 0
S III	27. Loans Receivable	1	0	0
ASSETS	28. U.S. Treasury Securities		3 9 6 4 9 4	3 1 9 3 3 6
	29. Investments	2	6 1 9 3 0 4	1059191
	30. Fixed Assets	5	6 8 4 6 9 9	6 6 8 8 8 2
	31. Other Assets	3	1 7 2 7 1 7	1 7 9 0 1 4
	32. TOTAL ASSETS		2 3 8 2 1 2 5	3 3 4 6 9 5 0
	LIABILITIES Item	From SCH #	Start of Reporting Period (C)	End of Reporting Period (D)
	33. Accounts Payable		1 3 3 7 5 0	1 4 4 6 8 7
ES	34. Loans Payable	8	0	0
LIABILITIES	35. Mortgages Payable		0	0
\(\frac{4}{2}\)	36. Other Liabilities	4	171902	4 0 5 8 5 2
	37. TOTAL LIABILITIES		3 0 5 6 5 2	5 5 0 5 3 9
	38. NET ASSETS (Item 32 less Item 37)		2 0 7 6 4 7 3	2796411

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only - Do Not Enter Cents

CASH RECEIPTS	From SCH #	AMOUNT	CASH DISBURSEMENTS	From SCH #	AMOUNT
39. Dues		6 1 7 7 3 3 1	56. To Officers	9	1 2 7 8 3
40. Per Capita Tax		0	57. To Employees	10	1 4 7 5 1 9 9
41. Fees		0	58. Per Capita Tax		0
42. Fines		0	59. Fees, Fines, Assessments, etc		0
43. Assessments		0	60. Office & Administrative Expense	13	3 2 9 1 0 2
44. Work Permits		0	61. Educational & Publicity Expense		209095
45. Sale of Supplies		0	62. Professional Fees		8 9 2 0 3
46. Interest		3 5 9 0 0	63. Benefits	11	6 0 4 2 9 0
47. Dividends		3 6 4 9	64. Contributions, Gifts & Grants	12	0
		0		'-	0
49. Sale of Investments &	6	6 0 2 8 7 6	65. Supplies for Resale		1 8 8 3 8 9
Fixed Assets	8	0	66. Direct Taxes		5 5 2 5 5 3
50. Loans Obtained			67. Withholding Taxes		9 7 9 8 4 7
51. Repayments of Loans Made52. On Behalf of Affiliates for	1		Fixed Assets	7	0 7 3 3 4 7
Transmittal to Them		0	69. Loans Made	1	
Disbursement on Their Behalf		0	70. Repayment of Loans Obtained	8	0
54. Other Receipts	14	7 2 8 4 9	71. To Affiliates of Funds Collected on Their Behalf		0
			72. On Behalf of Individual Members		0
			73. Other Disbursements	15	1870929
55. TOTAL RECEIPTS		6 8 9 2 6 0 5	74. TOTAL DISBURSEMENTS		6 3 1 1 3 9 0

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Enter Amounts In Dollars Only - Do Not Enter Cents

SCHEDULE 1 – LOANS RECEIVABLE

List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to	Loans		Repayments Rece	Loans	
business enterprises regardless of amount. (A)	Outstanding at Loans Made Start of Period During Period (B) (C)		Cash (D)(1)	Other Than Cash (D)(2)	Outstanding at End of Period (E)
1.					
^					
2.					
3.					
4. Totals from additional pages (if any)					
5. Totals of loans not listed above	0	0	0	0	0
6. Totals of Lines 1 through 5	0	0	0	0	C
The totals from Line 6 are entered in	item 27			ltem 75	
nm I M.2 (Pavised 2000)	Column (A)			with Explanation	Column (B)

SCHEDULE 2 - INVESTMENTS (OTHER THAN U.S. TREASURY SECURITIES) SCHEDULE 3 - OTHER ASSETS

FILE NUMBER: 0 4 3 - 5 9 8

Description Amount (A) (B)								
Marketable Securities 1. Total Cost			9	9	1	3	9	2
2. Total Book Value		1	0	5	9	1	9	1
List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.								
(a) None								0
(b)								
(c)								
(d)			•			_		
Other Investments 4. Total Cost								0
5. Total Book Value								0
List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached.								
(a) None								0
(b)								
(c)								
(d)								
(e) Total from additional pages (if any)								
7. Total of Lines 2 and 5	1		0	5	9	1	9	1
The total from Line 7 is entered in	**********	. Ite	em 2	29,	Colu	mn ((B)	
orm LM-2 (Revised 2000)			•					2 -

Description (A)	Book Value (B)		
1. PREPAID EXPENSES	3 9 0	1	4
2. INVESTMENT IN SUBSIDIARY	1 4 0 0	0	0
3.	•		
4.			
5.			
6. Total from additional pages (if any)			
7. Total of Lines 1 through 6	1 7 9 0	1	4
The total from Line 7 is entered in	Item 31, Colun	(B)

SCHEDULE 4 - OTHER LIABILITIES

Description (A)	Amount at End of Period (B)
1. SEVERANCE & COMP. TIME	3 6 4 3 4 4
2. TAXES PAYABLE	4 1 5 0 8
3.	
4	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	4 0 5 8 5 2
The total from Line 7 is entered in	item 36, Column (D)

SCHEDULE 5 - FIXED ASSETS

FILE NUMBER: 0 4 3 - 5 9 8

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location): None	7 4 2 0 0		7 4 2 0 0	370000
2. Totals from additional pages (if any)				
3. Buildings (give location): None	804112	603565	200547	670000
4. Totals from additional pages (if any)				
5. Automobiles and Other Vehicles	50992	7 9 6 3	4 3 0 2 9	4 3 0 2 9
6. Office Furniture and Equipment	7 2 8 6 9 6	377590	3 5 1 1 0 6	351106
7. Other Fixed Assets	0	0	0	0
8. Totals of Lines 1 through 7	1658000	989118	6 6 8 8 8 2	1 4 3 4 1 3 5
The total from Line 8, Column (D) is entered in			Item 30, Column (B)	

SCHEDULE 6 - SALE OF INVESTMENTS AND FIXED ASSETS

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1. MARKETABLE SECURITIES	684788	684788	602876	602876
2.				
3.				
4.				
5. Totals from additional pages (if any)				
6. Totals of Lines 1 through 5	684788	684788	602876	602876
	7. Less Reinvestments			0
	8. Net Sales			6 0 2 8 7 6
The total from Line 8 is entered in				Item 49

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SCHEDULE 7 - PURCHASE OF INVESTMENTS AND FIXED ASSETS FILE NUMBER: 0 4 3 - 5 9 8

Description <i>(if land or buildings, give location)</i> (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1. MARKETABLE SECURITIES	879301	879301	879301
2. PURCHASE OF EQUIPMENT	100546	100546	100546
3.			
4.			
5. Totals from additional pages (if any)			
6. Totals of Lines 1 through 5	979847	979847	979847
	7. Less Reinvestments		0
	8. Net Purchases	(7 9 8 4 7
The total from Line 8 is entered in			Item 68

SCHEDULE 8 - LOANS PAYABLE

Course of Leans Doughle at Any	Loans Owed at	Loans Obtained	Repayment Made		
Source of Loans Payable at Any Time During the Reporting Period (A)	Start of Period (B)	During Period (C)	Cash (D)(1)	Other Than Cash (D)(2)	Loans Owed at End of Period (E)
. None	0	0	0	0	0
2.					
3,					
1,					· · · · · · · · · · · · · · · · · · ·
5. Totals from additional pages (if any)					
6. Totals of Lines 1 through 5	0	0	0	0	C
The total from Line 6 is entered in	ltem 34 Column (C)	Item 50	Item 70	ltem 75with Explanation	Item 34 Column (D)

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SCHEDULE 9 - ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 0 4 3 - 5 9 8

(A) Name (List all persons who held office during the reporting pen they received no selary or other disbursements.)	iod even if	Gross Salary (before taxes and		Disbursements for Official	Other		
(B) Title (Enter title of officer, such as PRESIDENT or TREASURER.	Status (C)*	other deductions) (D)	Allowances (E)	Business (F)	Disbursements (G)	Total (H)	
BUCKHAM CRAIG		5 0 0	0	3 9 2	0	8	9 2
1. PRESIDENT	C						
ROBINSON JERRY		5 0 0	0	1 4 7	0	6	4 7
2. SECRETARY	С						
TAYLOR RICHARD		5 0 0	0	2 4	0	5	2 4
3. TREASURE	С						
RICE ALAN		5 0 0	0	1105	0	1 6	0 5
4. VICE PRESIDENT	С						
MCCARTY THOMAS		5 0 0	0	7 5 6	0	1 2	5 6
5. VICE PRESIDENT	C						
MATHIS JIMMIE		5 0 0	0	2 4 5 1	0	2 9	5 1
6. COUNCIL CHAIR	N						
MATHES RONALD		5 0 0	0	1 6	0	5	1 6
7. VICE PRESIDENT	N						
8. Totals from additional pages (if any)		2000	0	2392	0	4 3	9 2
9. Totals of Lines 1 through 8		5500	0	7283	0	1 2 7	83
				10. Less Deduction	ş		0
The total from Line 11 is entered in	*************		Item 56	11. Net Disburseme	ents	1 2 7 8	3
*Code for Status (C): past officer - P; continuing officer - C; new of	ficer during t	he reporting period - N.		(If any officer was not	t elected at a regular elect constitution and bylaws, ex	tion in accordance w.	ith

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your organization's constitution and bylaws, explain in Item 75.)

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SCHEDULE 10 - DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 0 4 3 - 5 9 8

(A) Name (List all employees who receive from your organization and any	d more than \$10,000 in total disbursements affiliales.)	ž.	ros			•		Disbursements for Official	211	
(B) Position (Enter employee's job title.)						and ons)	Allowances	Business	Other Disbursements	Total
(C) Name of Affiliated Organization	nn <i>(if applicable)</i>	(D) ´					(E)	(F)	(G)	(H)
BOFFERDING	CHARLES	1	7	1	1	0 0	0	1811	0	172911
1. EXECUTIVE DIR.										•
ALBERTS	ROBBI		8	2	4	9 9	0	2811	0	85310
2. COMMUNICATIONS										
ANDERSON	LAURA		6	2	1	8 5	0	2 5 4	0	62439
3. CONTRACT ADMIN.										
BERGERON	JIMMIE		7	6	9	2 4	0	3 1 0	0	77234
4. COMPTROLLER										
BERGSMA	NITA		4	2	5	3 5	0	263	0	42798
5. RECORDS/RECEPT.										
6. Totals from additional pages (if any)		1 6	5	6	9	0 3	0	24708	0	1681611
7. Totals for all employees who, during the \$10,000 or less in total disbursements f any affiliates	reporting period, received rom your organization and		1	4	2	3 5	0	0	0	14235
8. Totals of Lines 1 through 7		2	1 () 6	3	8 1	0	30157	0	2136538
								9. Less Deductions	6	6 1 3 3 9
The total from Line 10 is entered in			•••••		•••••		Item 57	10. Net Disburseme	nts 1 4	7 5 1 9 9
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SCHEDULE 11 - BENEFITS

FILE NUMBER: 0 4 3 - 5 9 8

Description (A)	!				Amount (C)					
1. 401 (K) PROVISION	UNION BANK & TRUST		5	3	9	1	7			
2. 401 (K) PROVISION	NATIONWIDE INSURANCE CO.		7	3	2	7	6			
3. MONEY PURCHASE PENSION PROVISION	UNION BANK & TRUST	1	1	4	4	5	9			
4. MONEY PURCHASE PENSION PROVISON	NATIONWIDE INSURANCE CO.		4	2	9	2	3			
5. Total from additional pages (if any)		3	1	9	7	1	5			
6. Total of Lines 1 through 5		6	0	4	2	9	0			
				m 6			=			

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SCHEDULE 12 - CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1. None	0
2.	
3.	
4.	
5.	
6.	-
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	0
The total from Line 8 is entered in	Item 64

SCHEDULE 13 - OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)									
1. SUPPLIES			9	1	8	1	0			
2. POSTAGE		1	2	9	7	8	2			
3. REPRODUCTION			4	1	0	8	4			
4. STATIONARY			3	2	6	7	1			
5, SUBSCRIPTIONS			1	8	0	5	4			
6. OTHER			1	5	7	0	1			
7. Total from additional pages (if any)			•	-						
8. Total of Lines 1 through 7		3	2	9	1	0	2			
The total from Line 8 is entered in Item 60										

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SCHEDULE 14-OTHER RECEIPTS

Amount Description (A) (B) 1 ADVERTISING 2 1 0 0 2.OTHER 8 7 3 7 3. PAYROLL REIMBURSEMENT 6 2 0 1 2 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. Total from additional pages (if any) 7 2 8 4 9 17. Total of Lines 1 through 16 The total from Line 17 is entered in Item 54 Form LM-2 (Revised 2000)

SCHEDULE 15-OTHER DISBURSEMENTS

Description (A)				oun B)	t							
1.FEES PAID TO BOEING ON BEHALF			_				0					
2.OF OFFICERS & BOARD MEMBERS			9	0	6	5	3					
3.TELEPHONE			7	6	5	3	7					
4.FACILITIES MAINTENANCE			7	2	0	9	5					
5.INSURANCE			2	4	9	3	9					
6.FOOD			9	0	6	5	7					
7.MILEAGE			3	7	4	1	3					
8.RENT			7	8	0	0	3					
9.SURVEY			3	7	5	5	0					
10. ^{TRAVEL}			3	7	0	3	9					
11.ORGANIZATION		1	4	6	3	1	5					
12.MEMBER SUPPLIES		2	3	6	1	2	9					
13.NEWLETTER			2	5	9	4	3					
14.MEETINGS			5	6	2	6	1					
15.CESO DUES			5	8	3	4	4					
16. Total from additional pages (if any)		8	0	3	0	5	1					
17. Total of Lines 1 through 16	1	8	7	0	9	2	9					
The total from Line 17 is entered in	The total from Line 17 is entered in											

ORGANIZATION NAME:
ENGINEERS, PROF & TECH, AFL-CIO
NDING DATE OF PERIOD COVERED:

SCHEDULE 9 - ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

en If	Gross Salary (before taxes and	Allowances	for Official	Other	Total
(C)*	(D)	(E)	(F)	(G)	(H)
	5 0 0	0	4 6 8	0	9 6 8
N				-	
	5 0 0	0	0	0	5 0 0
N					
	1 0 0 0	0	1924	0	2 9 2 4
C					
	•				
		•			
	-				
					-
	Status (C)* N	Status (C)* (before taxes and other deductions) (D) 5 0 0 N 5 0 0 1 0 0 0	Status (C)*	Status (C)*	Status (C)* (D) Allowances (E) for Official Business (F) N 5 0 0 0 0 1 0 0 0 0 1 9 2 4 Other Disbursements (G) Other Disbursements (G)

03/31/2002

ORGANIZATION NAME:

ENGINEERS, PROF & TECH, AFL-CIO

ENDING DATE OF PERIOD COVERED:

03/31/2002

SCHEDULE 10 - DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursement from your organization and any affiliates.) (B) Position (Enter employee's Job title.) (C) Name of Affiliated Organization (if applicable)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
DUGOVICH WILLIAM COMM. DIRECTOR	101585	0	2669	0	104254
EATON ANNE OFFICE ASSISTANT	3 6 7 4 0	0	965	0	37705
FARR KRISTIN CONTRACT ADMIN.	68181	0	4 3 3	0	68614
FLEMING ROBIN EX DIR SECRETARY	3 9 3 0 1	0	858	0	40159
GOYT RICHARD CONTRACT ADMIN.	75355	0	676	0	76031

FILE NUMBER: 0 4 3 - 5 9 8

ORGANIZATION NAME:

ENGINEERS, PROF & TECH, AFL-CIO

ENDING DATE OF PERIOD COVERED:

03/31/2002

SCHEDULE 10 - DISBURSEMENTS TO EMPLOYEES (continued)

(A) Name (List all employees who received more than \$10,000 in total disbursement from your organization and any affiliates.) (B) Position (Enter employee's job title.) (C) Name of Affiliated Organization (If applicable)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
BONEBRIGHT JESSICA RESEARCH DIR.	7 5 3 3 6	0	4 0	0	75376
BREWER ROBERT CONTRACT ADMIN.	5 1 8 0 2	0	1722	0	5 3 5 2 4
BROWN SHELVY CONTRACT ADMIN.	6 1 3 1 2	0	7 2 3	0	62035
HALL TERESA RECORDS	40856	0	850	0	41706
HANSON KURT ASSIST. EX. DIR.	121217	0	5 9	0	121276

FILE NUMBER: 0 4 3 - 5 9 8

FILE NUMBER: 0 4 3 - 5 9 8

ENDING DATE OF PERIOD COVERED: 03/31/2002

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.) (B) Position (Enter employee's Job title.) (C) Name of Affiliated Organization (If applicable)		Gross Salary (before taxes and other deductions) (D)					Allowances (E)	Disbursements for Official Business (F)		cial ess	Other Disbursements (G)	Total (H)				
JILEK OFFICE ASSISTANT	LACY	3	4	3	0	3	0		1 7	8 9	0	3	3 6	3 0	S	2
KREMETZ PRINT SHOP	RICHARD	8	2	. 8	2	2	0		2	4 6	0	8	3 3	3 0	6	8 8
LANDIS RECEPTIONIST	CAROLYN	3	8	1	3	0	0			0	0	3	 8	3 1	3	0
MARTINEZ OFFICE ASSISTANT	SHEILA	4	0	9	6 2	2	0		1 1	19	0	4	. 2	2 0	8	1
MOSHAY CONTRACT ADMIN.	MARK	7	2	9	1	4	0			0	0	7	2	9	1	4

ENDING DATE OF PERIOD COVERED:

03/31/2002

FILE NUMBER: 0 4 3 - 5 9 8

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.) (B) Position (Enter employee's job title.) (C) Name of Affiliated Organization (if applicable)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
MURPHY OFFICE ASSISTANT	SUSANNE	3 1 4 5 3	0	99	0	3 1 5 5 2
NELSON CONTRACT ADMIN.	MARIA	76085	0	572	0	76657
PLUNKETT CONTRACT ADMIN.	RICH	7 2 6 7 1	0	684	0	73355
ROGERS GEN. COUNCIL	PHYLIS	86398	0	1350	0	87748
ROMMEL CONTRACT ADMIN.	ROBERT	85770	0	0	0	85770

FILE NUMBER: 0 4 3 - 5 9 8

ENDING DATE OF PERIOD COVERED: 03/31/2002

		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
SCHWISOW GRAPHIC ARTIST	WAYNE	45682	0	0	0	45682
SHEARON CONTRACT ADMIN.	PAUL	72700	0	4 5 2	0	73152
SINGLETARY CONTRACT ADMIN.	JAMES	78352	0	8771	0	87123
SORSCHER CONTRACT ADMIN.	STANLEY	73975	0	5 7 2	0	7 4 5 4 7
TAMBLYN COMPTROLLER	PAULINE	25830	0	0	0	25830

ORGANIZATION NAME: ENGINEERS, PROF & TECH, AFL-CIO
ENDING DATE OF PERIOD COVERED: 03/31/2002

(A) Name (List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates.) (B) Position (Enter employee's job title.) (C) Name of Affiliated Organization (if applicable)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
TUDOR CONTRACT ADMIN.	DEAN	67171	0	5 9	0	67230
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				-		
		,				

ORGANIZATION NAME:	FILE NUMBER: 0 4 3 - 5 9 8
ENGINEERS, PROF & TECH, AFL-CIO	
ENDING DATE OF PERIOD COVERED:	

SCHEDULE 11 - BENEFITS (continued)

Description (A)	To Whom Paid (B)	Amount (C)	
TEAMSTERS RETIREMENT PROVISION	WESTERN CONFERENCE		0
TEAMSTERS RETIREMENT PROVISON	TEAMSTERS TRUST	2 1 4 5	1
HEALTH BENEFIT	N.W. ADMINISTRATORS	1 0 0 0 5	5
HEALTH BENEFIT	PUGET SOUND BENEFITS	9 6 0 2	9
HEALTH BENEFIT	GROUP HEALTH COOPERATIVE	1 4 0 4	9
LIFE INSURANCE	UNUM LIFE INSURANCE	4 1 6 3	4
LIFE INSURANCE	CENTRAL STATES INSURANCE	2 7 7 2	8
OTHER	MISCELLANEOUS	1 8 7 6	9

03/31/2002

ENDING DATE OF PERIOD COVERED:

03/31/2002

SCHEDULE 15 - OTHER DISBURSEMENTS (continued)

	IN DIOD			- 176		
Description (A)		Am (iount B)	t	<u>-</u>	
PER CAPITA DUES	5	8	5	7	3	1
NEGOTIOTIONS	1	9	2	8	2	3
UTILITIES		2	2	0	2	6
AUTO			2	4	7	1
						
·						

FILE NUMBER: 0 4 3 - 5 9 8

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ORGANIZATION NAME:	
ENGINEERS, PROF & TECH, AFL-CIO	
ENDING DATE OF PERIOD COVERED:	_
03/31/2002	

75. ADDITIONAL INFORMATION

em Number						
10	The Board of Directors authorized the formation of a new corporation to purchase land and construct a building to be used as SPEEA headquarters. SPEEA occupies the entire building. Its assets are consolidated with those of SPEEA.					

Form LM-2 (Revised 2000)

PRGANIZATION NAME: ENGINEERS, PROF & TECH, AFL-CIO	
NDING DATE OF PERIOD COVERED: 03/31/2002	

75. ADDITIONAL INFORMATION (continued)

Item Number	
14	The financial statements of SPEEA for the year ended March 31, 2002 have been audited by an independent outside auditor - Stanford, Munko
1.	& Co., - Certified Public Accountants.
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